## Rate Floor Data

errogen er	J-141_0.10			DAIA COLL	LECTION - ON	/IB Control Number 3060-0986		
Block	l - Cont	act Infori	mation				1. 7	
ROW#	DATA ELEMENT				FORMAT OF REQUESTED DATA	RESPONSE		
1	Carrier Study Area Code				6 numeric digits	472223		
2	Carrier S	Study Area	Name		alpha characters	CenturyTel-Gem State-ID		
3	Service	Provider Id	entification Number	•	9 numeric digits	143002667		
4	Residen	lial Local S	Service Charge Effec	ctive Date	mm/dd/yyyy	6/1/2014		
	Contact				aipha characters	Ken Buchan		
6	Contact	Telephone	Number (include ar	rea code)	9 numeric digits	(318) 362-1538		
7_	Sheet nu				numeric digit(s)	1		
8	Total Nu	mber of Sh	neets		numeric digit(s)	1		
		ımn 1 ıtial Local	Block  Column 2  State Subscriber	2 - Residential  Column 3 State Universal	Column 4 Mandatory	tes, Fees, and Line Counts  Column 5 Loops		
		Charge	Line Charge	Service Fee	Extended Area Service Charge	Loops		
9	\$	16.10	0	\$ 0.19	s -			
10	\$	16.10	0	\$ 0.19	\$ -			
11	\$	16.10	0	\$ 0.19	\$ -			
12	\$	16.10	0	\$ 0.19	\$ -			
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of	Officer as to the	e Accur	acy of the Data Reporte	d for the Rat	e Floor Data								
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.													
Name of Reporting Carrier: CenturyTel of t	ne Gem State, Inc. d/b/	CenturyL	ink (Idaho)		<del></del>								
Signature of authorized officer:	7-6				Date 6/20/14								
Printed name of authorized officer: David D. C	oie												
Title or position of authorized officer: Executive	Vice President of Oper	ations Sup	port and Controller										
Telephone number of authorized officer: (318)													
Study Area Code of Reporting Carrier	472223		Filing Due Date for this form (mm/dd/yyyy)	7/1/2	2014								
			22 - T	<del></del>									